

TRANSMITTAL FORM

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First Named Inventor	James Langham Dale
Group Art Unit	1638
Examiner Name	Cathy Kingdon Worley
Attorney Docket No.	23558-0017
Patent No.	7,598,366
Issue Date	October 6, 2009

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <ul style="list-style-type: none"> <input type="checkbox"/> Change Of Correspondence Address 	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <ul style="list-style-type: none"> <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) 	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <ul style="list-style-type: none"> <input type="checkbox"/> Issue Fee Transmittal Form PTOL-85 	<input type="checkbox"/> Status Inquiry <ul style="list-style-type: none"> <input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>]	<input type="checkbox"/> Terminal Disclaimer Executed Declaration and Power of Attorney for Utility or Design Patent Application <ul style="list-style-type: none"> <input type="checkbox"/> Petition for Extension of Time 	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copy of IDS 	<input type="checkbox"/> CD(s) for large table or computer program <ul style="list-style-type: none"> <input type="checkbox"/> Amendment After Allowance 	<input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 		

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Respectfully submitted,
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